



Request for re-assessment

Student name: Date:

Received by:

Trainer &/or Assessor:

Unit code: Unit title:

Type of Assessment (please attach relevant assignment papers):

Please describe why you consider the assessment outcome to be unfair or inaccurate

.....
.....
.....
.....
.....
.....
.....
.....

OFFICE USE ONLY

Action take:

.....
.....
.....
.....

Result: Date: